

Mailing Address:

School Based Child and Family Support Team Referral Form

<u>Instructions</u>: Please print and complete this form for youth who appear to be at-risk of school failure or out-of-home placement due to physical, social, legal, emotional, and/or developmental reasons. Send it to the Child and Family Support Team listed below.

Student's Name: Current Scho Name of parent/guardian (specify relationshi Address:	ol: p):		
Referring person:	Γitle/agency:	Date://_	
Phone number(s):	Email address:		
Referring person's relationship to the student	:		
Has the parent or guardian of this student bee	en notified of this referral? Yes	_ No	
List strengths of student and family (Atta	ach additional sheets if necessary):		
Please check the factors or characteristics 1. Academic factors Retained one or more years	that apply to this student: EOC/EOG (score <3)	Exceptional Children's Status	
Failed 2+ subjects (recent semester)	Referred to Student Support	Category	
Sudden drop in grades	English as a Second Language	Other	
2. Attendance	Eligiish as a Second Language		
Excessive absences	Frequently skips class	Suspensions	
Excessive tardies	Frequently leaves school early	Other	
3. Social interactions			
Displays aggression, bullying, anti-social behavior	Suspended from school for disciplinary reasons	Lacks social skills; difficulty with peer relationships	
Displays inappropriate,	Experience with bullying as	Suspected gang involvement	
attention-getting behavior Involved in delinquent activities 4. Potential identified health and human ser	victim Withdrawn/Change in Behavior vices needs	Other	
History of abuse/neglect/dependency or	Mental health concerns	Prior or current DSS non-CPS	
domestic violence	Developmental issues	related referral	
Suspected alcohol, substance use/abuse	Family income too low to provide	Frequent Moves	
Pregnant/parenting	basic necessities	Legal Issues	
Health concerns	Sibling has dropped out of school or is teen parent	Homeless	
		Other	
Please provide more information on page 2. Send Forms to:	Phone Number:	1	



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Student's Name:	Grade:	_ DOB:		
Student ID# Current School:				
Describe education, health or human services the student and the past and list outcomes.	or family are currently receivin	g or have received in		
Below please provide a summary of the main reason the youth is leading may also be used to provide additional information (e.g. obstintensity of concern, in specific setting or multiple settings, in all/this child to build strengths, triggers noted, etc.)	ervations/reports of acute, chronic	c, frequency, duration,		
Please describe the main reason this student is being referred, the strengths of the child and family and provide any additional comments:				
FOR OFFICIAL PURPOSES ONLY: To be filled out by CFST TEAM LEADERS Actions Taken:				
Team Leaders signature:	Date:			

Send Forms to: Mailing Address:

Phone Number:

2